



South Carolina
Department of Labor, Licensing and Regulation
SC Board of Barber Examiners



110 Centerview Drive
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(803) 896-4588
FAX: (803) 896-4484
www.llronline.com/POL/Barber/

Nikki R. Haley
Governor

Holly G. Pisarik
Director

Barber License Upgrade Form

☐ Registered Barber \$80

☐ Master Hair Care \$100

Checks and money orders should be made payable to: South Carolina Board of Barber Examiners. Send this application and your fee to: SC Board of Barber Examiners, PO BOX 11329, Columbia, SC 29211-1329.

Apprentice License #: _____

Full Legal Name: _____
First Middle Last

Home Address: _____
Street (physical address required) City State Zip

Mailing Address (if different from home address): _____
Street/PO Box City State Zip

County: _____ Telephone #: _____

Email Address: _____ Social Security Number: ____/____/____

Has any professional disciplinary action been taken against you in any state since you have become licensed in South Carolina? YES ☐ NO ☐ (If Yes, please include a full written explanation.)

Have you been convicted of or pled guilty or nolo contendere to a felony or crime of moral turpitude or are there charges pending against you now? YES ☐ NO ☐ (If Yes, please include full explanation.)

I attest that the information is true and correct. This form must be signed and dated or it will be returned.

Signature

Date